

**INDUSTRIAL INSURED GROUP (RRG) CAPTIVE and ASSOCIATION CAPTIVE  
REQUIRED FILINGS IN THE STATE OF SOUTH CAROLINA  
2006**

Company Name: \_\_\_\_\_

NAIC Company Code: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

| (1)<br>Check-<br>list | (2)<br>Line<br># | (3)<br><br>REQUIRED FILINGS FOR THE ABOVE STATE         | (4)<br>NUMBER OF COPIES |      | (5)<br>DUE DATE                      | (6)<br>FORM<br>SOURCE | (7)<br>NOTES                      |
|-----------------------|------------------|---|-------------------------|------|--------------------------------------|-----------------------|-----------------------------------|
|                       |                  |   | State                   | NAIC |                                      |                       |                                   |
|                       |                  | <b>I. NAIC FINANCIAL STATEMENTS</b>                     |                         |      |                                      |                       |                                   |
|                       | 1                | Annual Statement (8 ½"X14")                             | 1                       | 1    | 3/1                                  | NAIC                  | Note B, C,<br>D, E, F, G,<br>H, J |
|                       | 1.1              | Printed Investment Schedule detail (Pages E01-E26)      | 1                       | 1    | 3/1                                  | NAIC                  | Note B, C,<br>D, E, F, G,<br>H, J |
|                       | 2                | Quarterly Financial Statement (8 ½" x 14")              | 1                       | 1    | 5/15, 8/15, 11/15                    | NAIC                  | Note B, C,<br>D, E, F, G,<br>H, J |
|                       |                  | <b>II. NAIC SUPPLEMENTS</b>                             |                         |      |                                      |                       |                                   |
|                       | 11               | Combined Insurance Expense Exhibit                      | 1                       | 1    | 5/1                                  | NAIC                  |                                   |
|                       | 13               | Investment Risk Interrogatories                         | 1                       | 1    | 4/1                                  | NAIC                  |                                   |
|                       | 15               | Insurance Expense Exhibit                               | 1                       | 1    | 4/1                                  | NAIC                  |                                   |
|                       | 17               | Management Discussion & Analysis                        | 1                       | 1    | 4/1                                  | Company               |                                   |
|                       | 20               | Risk-Based Capital Report                               | 1                       | 1    | 3/1                                  | NAIC                  |                                   |
|                       | 22               | Statement of Actuarial Opinion                          | 1                       | 1    | 3/1                                  | Company               |                                   |
|                       |                  | Actuarial Opinion Summary                               | 1                       | 1    | 3/15                                 | Company               |                                   |
|                       | 23               | Supplement A to Schedule T                              | 1                       | 1    | 3/1                                  | NAIC                  |                                   |
|                       | 24               | Supplemental Compensation Exhibit                       | 1                       | N/A  | 3/1                                  | NAIC                  |                                   |
|                       | 25               | SVO Compliance Certification                            | 1                       | 1    | 3/1, 5/15, 8/15,<br>11/15            | NAIC                  |                                   |
|                       |                  | <b>III. ELECTRONIC FILING REQUIREMENTS</b>              |                         |      |                                      |                       |                                   |
|                       | 30               | Annual Statement Electronic Filing                      | xxx                     | 1    | 3/1                                  | NAIC                  |                                   |
|                       | 31               | March .PDF Filing                                       | xxx                     | 1    | 3/1                                  | NAIC                  |                                   |
|                       | 32               | Risk-Based Capital Electronic Filing                    | xxx                     | 1    | 3/1                                  | NAIC                  |                                   |
|                       | 33               | Combined Annual Statement Electronic Filing             | xxx                     | 1    | 5/1                                  | NAIC                  |                                   |
|                       | 34               | Combined Annual Statement .PDF Filing                   | xxx                     | 1    | 5/1                                  | NAIC                  |                                   |
|                       | 35               | Supplemental Electronic Filing                          | xxx                     | 1    | 4/1                                  | NAIC                  |                                   |
|                       | 36               | Supplemental .PDF Filing                                | xxx                     | 1    | 4/1                                  | NAIC                  |                                   |
|                       | 37               | Quarterly Electronic Filing                             | xxx                     | 1    | 5/15, 8/15, 11/15                    | NAIC                  |                                   |
|                       | 38               | Quarterly .PDF Filing                                   | xxx                     | 1    | 5/15, 8/15, 11/15                    | NAIC                  |                                   |
|                       | 39               | June .PDF Filing  | xxx                     | 1    | 6/1                                  | NAIC                  |                                   |
|                       |                  | <b>IV. AUDITED FINANCIAL STATEMENTS</b>                 |                         |      |                                      |                       |                                   |
|                       | 51               | Accountants Letter of Qualifications                    | 1                       | N/A  | 6/1                                  | Company               | Note B, K                         |
|                       | 52               | Audited Financial Statements                            | 1                       | 1    | 6/1                                  | Company               | Note B, K                         |
|                       | 53               | Audited Financial Statements Exemption Affidavit        | 1                       | N/A  | 5/1                                  | Company               | Note B, K                         |
|                       | 54               | Independent CPA Awareness Letter                        | 1                       | N/A  | 3/1                                  | Company               | Note B, K                         |
|                       | 55               | Notification of Adverse Financial Condition             | 1                       | N/A  | Within 5 days of<br>receipt from CPA | Company               | Note B, K                         |
|                       | 56               | Report of Significant Deficiencies in Internal Controls | 1                       | N/A  | 8/1                                  | Company               | Note B, K                         |
|                       | 57               | Request for Exemption to File                           | 1                       | N/A  | 5/1                                  | Company               | Note B, K                         |
|                       |                  | <b>V. STATE REQUIRED FILINGS</b>                        |                         |      |                                      |                       |                                   |
|                       | 101              | Filings Checklist (with Column 1 completed)             | 1                       | 0    | 3/1                                  | State                 | Note B                            |
|                       | 103              | Attestation Report                                      | 1                       | 0    | 3/1                                  | State                 | Note B, I,                        |
|                       | 104              | Premium Tax Form  | 1                       | 0    | 3/1                                  | State                 | Note B, L                         |
|                       | 105              | Ceding Reinsurance Agreement Summary Sheet              | 1                       | 0    | 3/1                                  | State                 | Note B, M                         |
|                       | 106              | Direct Economic Impact Form                             | 1                       | 0    | 3/1                                  | State                 | Note B, I                         |
|                       | 107              | Holding Company Registration Statement                  | 1                       | 0    | 3/1                                  | State                 | Note B                            |
|                       | 108              | License Renewal Fee, \$500                              | 1                       | N/A  | 3/1                                  | State                 | Note B                            |

\*If xxx appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

\*\*If Form Source is NAIC, the form should be obtained from the appropriate vendor.

**NOTE:** Annual Statement should be filed in hard copy format for the Department.

**NOTES AND INSTRUCTIONS (NOTES A-N APPLY TO ALL FILINGS)**

|   |  |   |   |  |
|---|--|---|---|--|
| A | Required Filings Contact Person:                                     | Vivian Frederic<br>Database Specialist<br><a href="mailto:vfederic@doi.sc.gov">vfederic@doi.sc.gov</a><br>803-737-6175  | Premium Tax Form Questions:<br>Mary Sturkie<br><a href="mailto:msturkie@doi.sc.gov">msturkie@doi.sc.gov</a><br>803-737-6082 |  |
| B | Mailing Address:   | South Carolina Department of Insurance<br>300 Arbor Lake Drive, Suite 1200 (29223)<br>Post Office Box 100105<br>Columbia, South Carolina 29202-3105   |   |  |
| C | Delivery Instructions:   | All filings must be physically received in this Department no later than the indicated due date. If the due date falls on a weekend, the next business day will be considered the due date.   |   |  |
| D | Late Filings:  | Companies will be fined for a late filing on a case-by-case basis.  |   |  |
| E | Original Signatures:   | Original signatures are required on all filings from domestic companies.  |   |  |
| F | Signature/Notarization/Certification:                                | The Annual and Quarterly Statements must be signed by two of the RRG's Executive Officers. The signatures must be notarized.  |   |  |
| G | Amended Filings:   | Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. The signature requirements for the original filing should be followed for any amendment.  |   |  |
| H | Bar Codes (State or NAIC)  | Please see the instructions in the NAIC Annual Statement Instructions.  |   |  |
| I | Attestation Report Form and the Direct Economic Impact Form.         | Forms available at <a href="http://www.doi.sc.gov">www.doi.sc.gov</a> . (captive option)  |   |  |
| J | Vendors for Blanks   | Booke Seminars<br>1100 Reynolds Blvd.<br>Winston-Salem, NC 27105<br>800-277-1120  | Bowne Insurance Division<br>800 Central Blvd.<br>Carlstadt, NJ 07072<br>800-223-3103  | St Ives Burrups<br>1000G Lincoln Dr. East<br>Marlton, NJ 08503<br>800-234-6859 |
| K | Audited Financial Statements:  | See NAIC Annual Statement Instructions – Property & Casualty  |   |  |
| L | Premium Tax Form   | The South Carolina Premium Tax Form will not be mailed to companies. It can be downloaded from:<br><a href="http://www.doi.sc.gov/Eng/Public/Company/captivetax.pdf">http://www.doi.sc.gov/Eng/Public/Company/captivetax.pdf</a>                              |   |  |
| M | Ceding Reinsurance Agreement Summary Sheet (domestic insurers, only) | The Ceding Reinsurance Agreement Summary Sheet Form will not be mailed. See “Attachments to 2004 State Filing Checklist” at:<br><a href="http://www.doi.sc.gov/Eng/Public/Company/captivetax.pdf">http://www.doi.sc.gov/Eng/Public/Company/captivetax.pdf</a> |   |  |

**General Instructions  
For Companies to Use Checklist**

**Please Note:** This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist this year.

**Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.**

**Column (1) (Checklist)**

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

**Column (2) (Line #)**

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

**Column (3) (Required Filings)**

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all supplemental schedules and exhibits due April 1.

The **Quarterly Electronic Filing** includes the complete quarterly filing and the PDF files for all quarterly data.

The **Quarterly Statement .PDF Filing** is the .pdf file for quarterly statement data.

The **Combined Annual Statement Electronic Filing** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The **Combined Annual Statement .PDF Filing** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

**Column (4) (Number of Copies)**

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

**Column (5) (Due Date)**

Indicates the date on which the company must file the form.

**Column (6) (Form Source)**

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

**Column (7) (Applicable Notes)**

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.